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CONFIRMATION NO. 8311

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/254,236 09/25/2002 PAT 7,013,178

Citz 9/5/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none Citz 8/5/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 30	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Carl H. Lamo</i> Citz Examiner's Signature Initials				

## ADDRESS

27581

## TITLE

Implantable medical device communication system with pulsed power biasing

<b>FILING FEE RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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